

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4/8/03.

I. DISPUTE

Whether there should be reimbursement for work hardening from 4/8/02 through 5/24/02, denied on the basis of “N” – not documented. A peer review obtained by the carrier indicates that “the documented services do not meet minimum fee guidelines and/or the rules contained within the applicable AMA CPT/HCPS coding guidelines.”

II. RATIONALE

The Commission’s 1996 Medical Fee Guideline , Medicine Ground Rules, (II)(D) defines, “Work conditioning: A highly structure, goal oriented, individualized treatment program using real or simulated work activities in conjunction with conditioning tasks. Work Conditioning is a single disciplinary approach...”

The 1996 Medical Fee Guideline (II)(E) defines work hardening as “A highly structured, goal-oriented, individualized treatment program designed to maximize the ability of the persons served to return to work. Work Hardening programs are interdisciplinary in nature with a capability of addressing the functional, physical, behavior, and vocational needs of the injured worker... Work Hardening programs use real or simulated work activities in a relevant work environment in conjunction with physical conditioning tasks...”

The requestor provided activity notes for the program indicating that on each day of treatment the injured worker was involved in several hours of physical conditioning and work simulation. The requestor also submitted notes verifying the injured worker was involved in psychological therapy as part of the program. On this basis, the documentation provided by the requestor supports that a multi-disciplinary work hardening program was delivered to the injured worker.

The documentation presented indicated the program was “interdisciplinary” as per the Medical Fee Guideline’s definition of Work Hardening. On this basis, reimbursement as work hardening is recommended.

| DOS | CPT CODE | Billed | Paid | EOB Denial Code | MARS (Maximum Allowable Reimbursement) | Reference | Rationale |
|---------------------------|---|------------|-------|-----------------|---|----------------------|---|
| 4/8/02 thru 5/24/02 | 97545WH X 48 units @ \$51.20 a unit. | \$2,457.60 | 00.00 | N | \$64.00 less 20% non-CARF reduction or \$51.20 a unit. | MFG, MGR, (II)(E) | The medical documentation submitted by the requestor indicated the services provided were multidisciplinary in nature as defined per the 1996 Medical Fee Guideline. Reimbursement of |

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|---------------------------|---|------------|---------|-----------------|--|------------------------------------|--|
| | | | | | | | \$2,457.60 is recommended. |
| 4/8/02 thru 5/24/02 | 97546WH X 96 units @ \$51.20 a unit. | \$4,915.20 | 00.00 | N | Same | See above. | See above. Reimbursement of \$4,915.20 is recommended. |
| 4/15/02 | 97750 FC | 200.00 | 00.00 | N | \$100.00 per hour | MFG, MGR, (I)(E)(2)(a-b) | The FCE report furnished by the requestor covered all requirement of MFG, MGR, (I)(E)(2)(a-b) including documentation of the two hours necessary to perform the test. On this reimbursement of \$200.00 is recommended. |
| 4/30/02 | 99499 | 50.00 | 00.00 | N | DOP | MFG, General Instructions (III)(A) | This service was denied for lack of documentation. The requestor furnished a report, dated 4/30/02, giving a report on the injured worker's psychological progress, treatment and planned treatment. It therefore meets the requirements of the CPT descriptor. Reimbursement of \$50.00 is recommended. |
| 5/15/02 | 99499 | 50.00 | 00.00 | N | DOP | See above. | See above. Reimbursement of \$50.00 is recommended. |
| TOTAL | | \$7,672.80 | \$00.00 | | | | The requestor is entitled to reimbursement of \$7,672.80. |

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for 97545-WH, 97546-WH, 97750-FC and 99499 in the amount of **\$7,672.80**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$7,672.80** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 13th day of October, 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

Roy Lewis, Supervisor
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RL/nlb